System of Care Committee Meeting Minutes
May 18, 2005

Members Present: Barbara Hogg, Joe Browning, Jani McCall, Francis Onstead,Bonnie Adee; Jim FitzGerald, Chuck Hunter, Tim Kober, Jeff Folsom, Melanie Martin Dent, Tim Lamborn. Veronica Whitaker took the minutes

Non Members Present: Steve Harrison, Novelene Martin, Cindy Erler, Rita Pickering, and Jackie Jant.

Survey: Chuck requested everyone to complete the survey and return to Veronica Whitaker by the end of the meeting, if they had not already done so. Chuck raised the question regarding the Committee's inability to vote on issues discussed at the meeting because the Committee lacked a quorum. Concern was expressed that perhaps the committee has become too large, especially since the oversight functions of the SAMHSA Grant have been added. The committee grew to about 30 members and this may be part of the problem with getting a quorum. A suggestion was made for Pete Surdock or Chuck, to contact committee members who have consistently not attended and talk with them about their interest in continuing on the Committee. There is a legal obligation for the State agencies to be at the meetings; however, most of the state agencies are represented most of the time. A question was raised as to whether or not this committee had a statement of purpose the members could refer back to. The statute itself is specific about what the committee is suppose to do. The Committee will take the statute and turn it into a Statement of Purpose.

Dr. Harrison: Dr. Harrison gave a power point presentation on the Evaluation, with handouts. He stated that the evaluation has been Congressionally mandated.
ORC Macro is the national evaluator who has done a lot of work with the Federal Government, and Dr. Harrison is the state evaluator. He talked briefly about his background. He has worked with the State of Montana on the Prevention Needs Survey; He worked in Alaska as Director of Mental Health and Alcohol Treatment Center and then he ran the Mental Health System in Nome, Alaska.
The evaluation is seen as a collaborative process with families, youth and other stakeholders.
Goals of the evaluation are:

- To provide useful information to the community in a timely fashion.
- To build the capacity for local communities to continue the evaluation when Dr. Harrison leaves.
- Provide qualitative information

The evaluation is outcome focused with multiple data gathering methods. Families are full partners, not as tokens but to really involve in all areas, decision-making, setting goals and outcomes. This is a change from past when it has always been provider driven.

Overview of Evaluation:

- Cross Sectional Descriptive Study – demographics and diagnosis. Who are we serving? Everyone gets this survey.
- Child and Family Outcome Study is a more detailed evaluation. This follows youth and family overtime and looks at the extent the program made a difference in their lives, what are the outcomes.
- Practice Level – what are the experiences, satisfaction.
- Service and Cost Study - this is what sells the program. The information is fed to the national evaluator and they do the services cost utilization patterns and then, they feed this information back to the state. Information received is valuable in keeping the project going.
- System of Care Assessment – the care that is being given through this project, how is that changing over time, what components have we added, how has the system of care developed so that it provides care for the youth and family? Site reviews from Macro at the start up of the project and at regular intervals. They will talk to providers, families, etc. They will report back on how they see changes over time.
- Sustainability Study – How will this be sustained once project ends? The Feds wants a plan at the beginning.
- Cultural Competency; Primary Care Providers and then
- Treatment Effective Study – Evidenced Based Treatment. Montana may be part of a group that focuses on evaluating a specific program that is being offered to youth and families.
- Child Behavior Checklist and Behavior Emotional Rating Scale.

All the instruments are on a lap top computer; data is entered on the lap tome and then uploaded to the national computer maintained by Macro. We can also download the information.

Questions:

- Did Dr. Harrison have a tool, or did he know of other states that had tools that could be used for the EPSDT screening for Behavioral Health. Dr. Harrison indicated he would put this question on the list service and inquire what other states experience with this was.
- Who collected the data? In the grant proposal there is ½ time evaluation people available in the state to gather this data. Sometimes you can hire interviewers within the community. Because of the distance between communities you will need a local person. Some training is necessary.
- How do you capture transient population? Try to get as many contacts for families as you can at the beginning. Sometimes it helps to offer incentives for people to stay in contact.
- What will be the time line? We will be ready to go with the evaluation process once the awards are made.
- What is the time commitment from families in order for them to participate in the surveys? About 1 hour and 45 minutes every 6 months and about one hour for the youth every six months. Depending on how presented, families often feel this is a time for them to share their feelings.

- Largest consumers are the children who have been removed from their families. How do we capture this population, children without families, they get bounced around a lot. Anyone receiving services, the "caregiver" is the person that would be involved. However, the main thing is not the evaluation but to get those children into a system of care program with the wrap around services and all the agency coordination.
- Evaluation occurs on a couple of levels, one is the state, the system. Another level is the youth and family, are they satisfied with the services. And then a comprehensive look at what are the services and are they following the system of care principles.
- Very few evaluation tools that look at Native American.

Mental Health Oversite Advisory Council (MHOAC) Membership: Mignon is the new interim chair of this committee. The Council would like to have three KMA representatives on the committee. Send names of interested individuals to Marsha Armstrong at AMDD, the Council will make a decision and the announcement of new members will come through MHOAC.

Work Plan: The work plan was developed in March of 2004 at a time when the Committee was being formed. It was revised in November of 2004. Need to look at the plan and address how well we have done and what we may need to change. Develop a subcommittee that would meet during the summer months and work on this pieces of the plan.

Tool Kit:

Asking families how to get them involved. Subcommittee, family representation and family organizations.

Cindy had updated handouts. The Tool Kit is not a mandate, but a way to look at involving families. In developing training piece it would be helpful to pull together a toolkit. The committee took the trainings needed and put resources with it. Again it is a reference to be used, a way to develop commonality among communities and build understanding. Important to bring newly hired people together to share ideas, get to know each other, etc. The committee will provide this information to members not here and have a tentative approval take effect June 1; give to other members and their responsibility for them to veto if don't like. It is adopted with this group and entertain constructive comments from other members if they come in. This work will be incorporated into training in communities, administrators etc. Have available to field staff to share with all KMA's and communities. Disseminate statewide, have permission to copy, each KMA have one tool kit.

A discussion was had regarding doing background checks on parents, having parents along with youth, having them do respite etc. It was the decision of the Committee that

the role of the KMA was to advise, not to put parents in role of respite etc. Chuck will check with legal regarding any liabilities around this issue. The committee asked how the Federation of Families or PLUK handles parents' involvement with youth? Statement was made that they never have a parent alone with a youth, in fact they do trainings around this issue.

The Tool Kit was adopted. It is a Children's Mental Health Document and a recommendation was made to have a guide on how to use the tool kit. What can legally be posted on our WEB site will. This is a work in progress and will be revisited. A suggestion was made to put the current date on the document. Jani McCall offered to help with the reformatting.

Mike Henderson – Talked about the Suicide prevention Coalition: Suicide prevention training. Went to school district, OPI and ST. Peters, take training and disseminate through the community. . About 65 people trained, mainly through the school district. Surveyed web for best practice on suicide prevention and revised state plan, survey private mental health providers as to what happens to their clients after hours, and willingness to help. Those that responded were invited to a strategic planning session. The group meets monthly at St. Peter's Hospital. Mike's telephone number is 457-8914. The next meeting is 1st Monday in June at noon.
Questions :

- Other communities involved? Great Falls, Missoula, Miles City, and Billings have active coalition. One of the agreements will go to a tribal entity. A coalition of the tribes in Montana was intending to apply separately than a coalition of communities.
- Is this suicide prevention for both youth and adults? Our coalition focuses on whole life span. Are the trainer's youth? No, but they work with youth.

Time Frame for Implementation Grant – Ronnie Whitaker
A hand out was given outlining the time frame for the implementation grant. See attached hand out.
A request was made to put the names of the communities who have received grants in the minutes.
It was agreed that outreach needs to occur with communities who are on the fence regarding applying for the grant, not understanding where the State is asking. We need to be flexible regarding this process.

The System of Care Committee will not meet again until September.